

FOR OFFICE USE ONLY		ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE OF VITAL RECORDS				FOR OFFICE USE ONLY			
SFN#						TRX#	TRX DATE	FILE CLOSE	
BIRTH FACTS OF REGISTRANT (AFTER ADOPTION)		NAME: FIRST		MIDDLE		LAST			SUFFIX
		DATE OF BIRTH: DAY MONTH YEAR		SEX	PLACE OF BIRTH:		TOWN OR CITY		COUNTRY
ADOPTIVE PARENTS' INFORMATION		FATHER'S NAME: FIRST		MIDDLE		LAST		DATE OF BIRTH	PLACE OF BIRTH (STATE OR COUNTRY)
		MOTHER'S NAME: FIRST		MIDDLE		LAST (BEFORE MARRIAGE)		DATE OF BIRTH	PLACE OF BIRTH (STATE OR COUNTRY)
PAYMENT INFORMATION		DATE		\$10.00 PAID BY <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASHIER'S CHECK <input type="checkbox"/> CREDIT/DEBIT (CASH IN PERSON ONLY; NO PERSONAL CHECKS)					
		<input type="checkbox"/> VISA		<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 2px;"></div> </div> <div style="margin-left: 10px; font-size: 8px;">EXP. DATE MM/YY</div> <div style="border: 1px solid black; width: 20px; height: 15px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; margin: 0 2px;"></div>					
APPLICANT SIGNATURE				State of _____, County of _____					
		PRINT NAME: FIRST LAST		Subscribed and sworn or affirmed before me					
		MAILING ADDRESS (NUMBER & STREET OR PO BOX)		APARTMENT #		this _____ day of _____, _____.			
		CITY/TOWN		STATE	ZIP CODE		_____		
		DAYTIME TELEPHONE NUMBER ()		RELATIONSHIP TO REGISTRANT		NOTARY PUBLIC			
		PLEASE SEND COMPLETED APPLICATION, CORRECT FEE, AND ALL REQUIRED DOCUMENTS, TO: OFFICE OF VITAL RECORDS PO BOX 3887 PHOENIX, AZ 85030		WARNING: FALSE APPLICATION FOR A BIRTH CERTIFICATE IS A PUNISHABLE OFFENSE. FOR THE PROTECTION OF THE INDIVIDUAL, CERTIFICATES OF VITAL EVENTS ARE NOT OPEN TO PUBLIC INSPECTION. SIGNATURE OF APPLICANT MUST BE NOTARIZED, OR THIS FORM MUST BE ACCOMPANIED BY A COPY OF A VALID GOVERNMENT-ISSUED PHOTO ID WHICH CONTAINS THE APPLICANT'S SIGNATURE.		My Commission expires _____ <div style="text-align: center; font-size: 24px; opacity: 0.5;">SEAL</div>			